

EXECUTIVE LOBBYING SUPPLEMENTAL REGISTRATION FORM

Print in lok or type. Complete form and return to B Rouge LA 70808, or fan to (22 (225) 763-8777 or (800) 842-64 This form must be submitted; form or to add employers or t 10 days of any termination of	 763-8787. For informal 530. No fee is required. within 5 days of any chan hose you represent. It ms 	tion or assistance, co ages in your registr ast be submitted wh	etion	FOR OFFICE Postmark Da LSWPP womi	NECEN PROPERTY OF A SECOND
1. Carroll	Timo	thy	F.	30700	01 5 B
Last	First		MI	SCAI	NNED"
NAME N	١.			V00.000.000.000	8 2007
2. BUSINESS PHONE 2	(2) 490 05 Code) Phone Number	00	М	Ву:	<u> </u>
3. FAX PHONE		5. 15Y	4		14.529
4. BUSINESS ADDRESS	Street and No.	1	lewyorl city	Siste	10165 zip
MAILING ADDRESSC	Same as a	bove_	Çıty	State	Zip
5. EMPLOYER Bear	60 E. 42n	550 07200	What NI	1016.	
6. EMPLOYER'S ADDRESS	GU L. 74h	a rveu	State	Zip	
7. Have you caused or terminal	ted all lobbying activities	requiring registrat	ion? Yes	Nu	
 LIST BELOW (a) Names of person, group, or organization group; (d) whether or not the 	on listed; (c) the type of l	business each is en	auged in or the pu	urpose or function of	of the organization or
I) Name N	<u>A</u>				
Address			-		
Business or purpose_	2400				
New Represents Does this perso	n pay you?				
HNo, who pay	s you?			22	<u> </u>
Terminated Rep	resentation as of	v-r=			

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Busi	ness or purpose
	Now Representation Does this person pay you?
	If No, who pays you?
	Terminated Representation as of
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Ado	ress
Bus	ness or purpose
0	New Representation Does this person pay you?
	[f'No, who pays you']
	Terminated Representation as of
	CERTIFICATION OF ACCURACY
	I hereby certify that the information contained herein is true and correct to the best of my knowledge,
info	emation, and belief; and that no information required by LSA-R.S. 49:71 et seq. has been deliberately
omi	Signature of Lobbylst
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